



## Acknowledgement Compliance, Privacy and Data Security brochure for Volunteers

I understand that:

- I am responsible for my own actions.
- If I have any questions about the material covered in the brochure, I can contact my Volunteer Department representative for clarification.
- I am required to report any activity that is, or may be, in violation of the law, Dignity Health Standards of Conduct, or Dignity Health Policy and Procedure, by any of the means outlined in this brochure.
- Dignity Health Volunteers are a part of the hospital staff and, thus, are expected to represent Dignity Health and their hospitals in an honest and ethical manner that reflects integrity, protects patient confidentiality, and shows respect and concern for others.

By signing this form, you agree that:

- You have received a copy of the Dignity Health Compliance, Privacy and Data Security brochure for Volunteers.
- You have read and understand the material covered in the brochure.
- You have the ability and willingness to comply with the Dignity Health policies and regulations that are represented in the brochure.

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Print Your Name

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Signature

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Dignity Health Facility

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Date